

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

DO NOT USE this form Youth & Adult Sports, or Birthday Party registrations: Download those packets at www.northamptonma.gov/recreation

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

☐ New to Northampton
Parks & Recreation

☐ I have updated my
Information

ADULT 1

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

ADULT 2

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____) _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐

No ☐

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Grade in Fall 2018 _____

Date of Birth _____ School _____

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Grade in Fall 2018 _____

Date of Birth _____ School _____

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PASS PURCHASE

Pass	Pass Type	Pass Length	Fee	TOTAL AMOUNT DUE
Aquatic Center	Res: Adult Family Senior Youth Non-Res: Adult Family Senior Youth	6 Month 12 Month	\$	\$

Pass Holder's Name(s)	DOB	Pass Issued	Special Considerations/Comments (Use back if necessary)
_____	Male/Female _____	_____	_____
_____	Male/Female _____	_____	_____
_____	Male/Female _____	_____	_____
_____	Male/Female _____	_____	_____
_____	Male/Female _____	_____	_____

Charge my VISA ____ Master Card ____ Discover ____ Card # _____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____
Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____